

2009 Montana Partnership Information and Composite Tax Return

Attach a copy of federal Form 1065 and Schedule(s) K-1

For calendar year 2009 or tax year beginning (MM-DD) ____ - ____ - **09** and ending (MM-DD-YY) ____ - ____ - ____

Name Deady Family Partnership			FEIN: _____
Mailing Address 1046 East Broadway		If new address, check here. <input type="checkbox"/>	
Federal Business Code: 531190			
City Helena	State Montana	Zip + 4 59601	Date Registered in Montana: 01-01-05
<input type="checkbox"/> I do not need the Montana Partnership Information Return and Instructions sent to me next year. <input type="checkbox"/> I am requesting a refund with this tax return.			

- ☐ Check if this is an initial return
☐ Check if this is a final return
 Reason for final return:
☐ a. Withdrawn
☐ b. Dissolved
☐ c. Merged
☐ d. Reorganized

☐ Check if this is an amended return
 If you check the box above, check below all the reasons for amending your return:
☐ a. Federal Revenue Agent Report (a complete copy of this report is required)
☐ b. Apportionment factor changes (attach a statement explaining adjustments)
☐ c. Amended federal return
☐ d. Amended composite return
☐ e. Other (attach a statement explaining all adjustments in detail)

Partners' Distributive Share Items (Form 1065, Schedule K)

1. Ordinary business income (loss)	1.	176,145
2. Net rental real estate income (loss) (attach federal Form 8825)	2.	83,631
3. a. Other gross rental income (loss)	3a.	
b. Expenses from other rental activities (attach schedule)	3b.	
c. Subtract line 3b from line 3a. This is your other net rental income or loss.	3c.	
4. Guaranteed payments	4.	12,000
5. Interest income	5.	1,089
6. Ordinary dividends	6.	650
7. Royalties	7.	
8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065)	8.	
9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065)	9.	6,440
10. Net section 1231 gain (loss) (attach federal Form 4797)	10.	
11. Other income (loss) (attach detailed schedule)	11.	
12. Add lines 1 through 11 and enter result. This is your total share of income or loss.	12.	276,955

Partners' Shares of Deduction (Form 1065, Schedule K)

13. Section 179 deduction (attach federal Form 4562)	13.	
14. a. Contributions	14a.	
b. Investment interest expense	14b.	
c. Section 59(e)(2) expenditures. (attach detailed schedule)	14c.	
d. Other deductions (attach detailed schedule)	14d.	
15. Add lines 13 through 14d and enter result. This is your total share of deductions.	15.	

Partners' Distributive Shares of Montana Additions and Deductions to Income

16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions)	16a.	
b. Taxes based on income or profits	16b.	
c. Other additions (attach detailed breakdown)	16c.	
Add lines 16a, 16b, and 16c; enter result. This is your total Montana additions to income.	16.	
17. a. Interest on U.S. government obligations (attach schedule)	17a.	
b. Deduction for purchasing recycled material (attach Form RCYL)	17b.	
c. Other deductions (attach detailed breakdown)	17c.	
Add lines 17a, 17b, and 17c; enter result. This is your total Montana deductions to income.	17.	
18. Subtract line 15 from line 12. Add the result to line 16, then subtract line 17 from that result. This is your net taxable income (loss).	18.	276,955

Partners' Distributive Shares of Multistate Apportionment and Allocation

19. Income apportioned to Montana. Multiply line 18 X _____ % from Schedule I, line 5; enter the result	19.	
20. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions)	20.	
21. Add lines 19 and 20; enter result. This is the total Montana source income for multistate taxpayers.	21.	

Entity name Deady Family Limited PtrTax period ending 12-31-2009 FEIN _____**Calculation of Amount Owed or Refund****Partnership Composite Return Tax**22. Enter your Montana total composite tax from Schedule III, column F22. **Partner Backup Withholding**23. Enter the amount of total partner withholding from Schedule III, column G23. **Partnership Montana Mineral Royalty Tax Withheld**24. a. Total Montana mineral royalty tax withheld as reported on federal Form(s) 1099... 24a. b. Mineral royalty tax withheld attributable to Montana residents 24b. c. Mineral royalty tax withheld attributable to nonresidents not reporting on
Schedule IV 24c. d. Add lines 24b and 24c. This is the total mineral royalty tax withheld reported by
partners on their income tax returns 24d. e. Subtract line 24d from 24a. This is the mineral royalty tax withheld attributable to nonresidents reporting on
Schedule IV 24e. **Return Payments**25. a. 2008 overpayment applied to 2009 25a. b. 2009 estimated payments 25b. c. 2009 extension payment 25c. d. Montana income tax withheld. Attach Form PT-WH 25d. e. For amended returns only—payments made with original return (see instructions) 25e. f. For amended returns only—previously issued refunds (see instructions) 25f. g. Add lines 25a through 25e; then subtract line 25f and enter the result here. **This is your total return
payments.** 25g. 26. Add lines 22 and 23, then subtract lines 24e and 25g. **This is your amount due or (overpaid).** 26. **Penalties and Interest (see instructions)**27. a. Partnership information return late filing penalty 27a. b. Interest on underpayment of estimated composite tax 27b. c. Composite income tax return late filing penalty 27c. d. Late payment penalty 27d. e. Interest 27e. f. Add lines 27a through 27e. **This is your total penalties and interest.** 27f. **Amount Owed or Refund**28. Add lines 26 and 27f; enter the result here 28. 29. If line 28 results in an amount due, enter it here. **This is the amount you owe.** 29. 30. If line 28 results in an overpayment, enter it here. **This is your overpayment.** 30. 31. Enter the amount from line 30 you want applied to your 2010 composite estimated tax .. 31. 32. Subtract line 31 from line 30 and enter the amount here. **This is your refund.** 32. For Direct Deposit of
your refund, complete 1,
2, 3, and 4. Please see
instructions on page 8.1. RTN# 2. ACCT# 3. If using direct deposit, you are required to mark one box. ☐ Checking ☐ Savings4. Is this refund going to an account that is located outside of the United States or its territories? ☐ Yes ☐ No

Name, address and telephone number of paid preparer

SSN, FEIN or PTIN: ☒ Check this box and attach a copy
of your federal Form 7004 to
receive your Montana extension.May the DOR discuss this tax return with your tax preparer? ☒ Yes ☐ No

This tax return has to be signed by a general partner or limited liability company member.

DeclarationI, the undersigned general partner or limited liability company member of the partnership for which this tax return is made, hereby declare
that this tax return, including all accompanying schedules and statements, is to the best of my knowledge and belief a true, correct and
complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of general partner or LLC member manager

Date

Printed name and title

Telephone number

X

Questions? Call us toll free at (866) 859-2254 (in Helena, 444-6900), or TDD (406) 444-2830 for hearing impaired.

Schedule III - Form PR-1, page 5

Entity name Deady Family Partnership Tax period ending 12-31-2009 FEIN

Montana Partnership Information

Summary Schedule of Income and Supplemental Information

Section A: Resident Partners

A		B	C	D
Street Address or P O Box City State Zip Code	Name	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)
1. Connie Deady		SSN	1	14,650
1046 East Broadway		FEIN		
Helena, Montana 59601				
2. Walter Deady		SSN	33	87,435
1046 East Broadway		FEIN		
Helena, Montana 59601				
3.		SSN		
		FEIN		
4.		SSN		
		FEIN		
Section A Totals			34	

Partner Withholding: ☐ yes ☒ noComposite Income Tax: ☐ yes ☒ noNumber of Resident Partners 2Number of Nonresident Partners 2Total Number of Partners 4

Section B: Nonresident Individual Partners or Second Tier Pass-Through Entity Partners

A		B	C	D	E	F	G	H
Street Address or P O Box City State Zip Code	Name	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column J)	Partner Withholding (see instructions)	Consent Agreement (year)
1. Sharla Deady		SSN	33	87,435	87,435			
13300 125th Avenue NE		FEIN						
Kirkland, Washington 98034								
2. Jeffrey Deady		SSN	33	87,435	87,435			
1053 Rickenbacker Street		FEIN						
San Jose, California 95128								
3.		SSN						
		FEIN						
Section B Totals			34					
Total of Sections A and B, column C only			100					

For each nonresident partner, complete ONLY one of these three columns: F, G or H. Please refer to the instructions for Schedule III

Transfer the total from Column F to Form PR-1, page 2, line 22.

Transfer the total from Column G to Form PR-1, page 2, line 23.

Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning _____ and ending _____.

Part 1 - Pass-Through Entity Information

A Entity's federal employer identification number (FEIN) _____	Check applicable boxes: <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
B Entity's name and mailing address Dearly Family Partnership 1046 East Broadway Helena, Montana 59601	
C <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

Part 2 - Partner/Shareholder Information

A Partner's/shareholder's identifying number (SSN/FEIN) _____	D Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
B Partner's/shareholder's name and mailing address Connie Dearly 1046 East Broadway Helena, Montana 59601			
C What type of entity is this partner/shareholder? <u>Individual</u>	E Shareholder's percentage of stock ownership _____ %		
	F Partner's:	Beginning	Ending
	Profit	1.00000000 %	1.00000000 %
	Loss	1.00000000 %	1.00000000 %
	Capital	1.00000000 %	1.00000000 %

Part 3 - All Partners/Shareholders—Montana Adjustments

A Federal Schedule K-1 income (loss) minus deductions	A.	14,650	Information only; see instructions.
B Montana additions to income			
1. Federally tax-exempt interest	B1.		
2. Taxes based on income or profits	B2.		
3. Other additions. List type _____ and amount	B3.		
C Montana subtractions from income			
1. Interest from U.S. Treasury obligations	C1.		
2. Deduction for purchasing recycled material	C2.		
3. Other subtractions. List type _____ and amount	C3.		
D Multistate pass-through entities			
1. Apportioned income. Income apportioned to Montana	D1.		Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount	D2.		Information only; see instructions
E Total income taxable to partner/shareholder	E.		Information only; see instructions

Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage	1.	1 %	Information only; see instructions
2. Ordinary business income (loss)	2.	1,731	
3. Net rental real estate income (loss)	3.	837	
4. Other net rental income (loss)	4.	12,000	
5. Guaranteed payments	5.	11	
6. Interest income	6.	7	
7. Ordinary dividends	7.	64	
8. Royalties	8.		
9. Net short-term capital gain (loss)	9.		
10. Net long-term capital gain (loss)	10.		
11. Net section 1231 gain (loss)	11.		
12. Other income (loss). List type _____ and amount	12.		
13. Montana composite income tax paid on behalf of partner/shareholder	13.		
14. Montana income tax withheld on behalf of partner/shareholder	14.		

Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses	1.	
2. Film Production Credit expenses	2.	
3. Mineral royalties tax withholding	3.	
4. Other information. List type _____ and amount	4.	

Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN	1.	
2. Health insurance for uninsured Montanans credit (Form HI)	2.	
3. Contractor's gross receipts tax credit	3.	
4. Other credit/recapture information. List type _____ and amount	4.	

Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning _____ and ending _____.

Part 1 - Pass-Through Entity Information

A Entity's federal employer identification number (FEIN) _____	Check applicable boxes: <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
B Entity's name and mailing address Deady Family Partnership 1046 East Broadway Helena, Montana 59601	
C <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

Part 2 - Partner/Shareholder Information

A Partner's/shareholder's identifying number (SSN/FEIN) _____	D Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>	
B Partner's/shareholder's name and mailing address Walter Deady 1046 eat Broadway Helena, Montana 59601	E Shareholder's percentage of stock ownership _____ %	
	F Partner's:	Beginning Ending
	Profit	33.0000000 % 33.0000000 %
	Loss	33.0000000 % 33.0000000 %
C What type of entity is this partner/shareholder? Individual	Capital	33.0000000 % 33.0000000 %

Part 3 - All Partners/Shareholders-Montana Adjustments

A Federal Schedule K-1 income (loss) minus deductions	A.	87,435	Information only; see instructions.
B Montana additions to income			
1. Federally tax-exempt interest	B1.		
2. Taxes based on income or profits	B2.		
3. Other additions. List type _____ and amount	B3.		
C Montana subtractions from income			
1. Interest from U.S. Treasury obligations	C1.		
2. Deduction for purchasing recycled material	C2.		
3. Other subtractions. List type _____ and amount	C3.		
D Multistate pass-through entities			
1. Apportioned income. Income apportioned to Montana	D1.		Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount	D2.		Information only; see instructions
E Total income taxable to partner/shareholder	E.		Information only; see instructions

Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage	1.	33 %	Information only; see instructions
2. Ordinary business income (loss)	2.	57,138	
3. Net rental real estate income (loss)	3.	27,598	
4. Other net rental income (loss)	4.	359	
5. Guaranteed payments	5.	215	
6. Interest income	6.	2,125	
7. Ordinary dividends	7.		
8. Royalties	8.		
9. Net short-term capital gain (loss)	9.		
10. Net long-term capital gain (loss)	10.		
11. Net section 1231 gain (loss)	11.		
12. Other income (loss). List type _____ and amount	12.		
13. Montana composite income tax paid on behalf of partner/shareholder	13.		
14. Montana income tax withheld on behalf of partner/shareholder	14.		

Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses	1.	
2. Film Production Credit expenses	2.	
3. Mineral royalties tax withholding	3.	
4. Other information. List type _____ and amount	4.	

Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN	1.	
2. Health insurance for uninsured Montanans credit (Form HI)	2.	
3. Contractor's gross receipts tax credit	3.	
4. Other credit/recapture information. List type _____ and amount	4.	

Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning _____ and ending _____.

Part 1 - Pass-Through Entity Information

A Entity's federal employer identification number (FEIN) _____	Check applicable boxes: <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
B Entity's name and mailing address Deady Family Partnership 1046 East Broadway Helena, Montana 59601	
C <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

Part 2 - Partner/Shareholder Information

A Partner's/shareholder's identifying number (SSN/FEIN) _____	D Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
B Partner's/shareholder's name and mailing address Sharla Deady 13300 125th Avenue NE Kirkland, Washington 98034			
C What type of entity is this partner/shareholder? <u>Individual</u>	E Shareholder's percentage of stock ownership _____ %		
	F Partner's:	Beginning	Ending
	Profit	33.0000000 %	33.0000000 %
	Loss	33.0000000 %	33.0000000 %
	Capital	33.0000000 %	33.0000000 %

Part 3 - All Partners/Shareholders--Montana Adjustments

A Federal Schedule K-1 income (loss) minus deductions A. 87,435 Information only; see instructions.

B Montana additions to income

1. Federally tax-exempt interest B1. _____

2. Taxes based on income or profits B2. _____

3. Other additions. List type _____ and amount B3. _____

C Montana subtractions from income

1. Interest from U.S. Treasury obligations C1. _____

2. Deduction for purchasing recycled material C2. _____

3. Other subtractions. List type _____ and amount C3. _____

D Multistate pass-through entities

1. **Apportioned income.** Income apportioned to Montana D1. _____ Information only; see instructions

2. **Allocable income.** Income allocated to Montana. List type _____ and amount... D2. _____ Information only; see instructions

E Total income taxable to partner/shareholder E. _____ Information only; see instructions

Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only--Montana Source Income (Loss)

1. Montana apportionment percentage 1. 33 % Information only; see instructions

2. Ordinary business income (loss) 2. 57,138

3. Net rental real estate income (loss) 3. 27,598

4. Other net rental income (loss) 4. 359

5. Guaranteed payments 5. 215

6. Interest income 6. 2,125

7. Ordinary dividends 7. _____

8. Royalties 8. _____

9. Net short-term capital gain (loss) 9. _____

10. Net long-term capital gain (loss) 10. _____

11. Net section 1231 gain (loss) 11. _____

12. Other income (loss). List type _____ and amount 12. _____

13. Montana composite income tax paid on behalf of partner/shareholder 13. _____

14. Montana income tax withheld on behalf of partner/shareholder 14. _____

Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses 1. _____

2. Film Production Credit expenses 2. _____

3. Mineral royalties tax withholding 3. _____

4. Other information. List type _____ and amount 4. _____

Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN 1. _____

2. Health insurance for uninsured Montanans credit (Form HI) 2. _____

3. Contractor's gross receipts tax credit 3. _____

4. Other credit/recapture information. List type _____ and amount... 4. _____

Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning _____ and ending _____.

Part 1 - Pass-Through Entity Information

A Entity's federal employer identification number (FEIN) _____	Check applicable boxes: <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
B Entity's name and mailing address Deady Family Partnership 1046 East Broadway Helena, Montana 59601	
C <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

Part 2 - Partner/Shareholder Information

A Partner's/shareholder's identifying number (SSN/FEIN) _____	D Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
B Partner's/shareholder's name and mailing address Jeffrey Deady 1053 Rickenbacker Street San Jose, California 95128			
C What type of entity is this partner/shareholder? <u>Individual</u>	E Shareholder's percentage of stock ownership _____ %		
	F Partner's:	Beginning	Ending
	Profit	33.0000000 %	33.0000000 %
	Loss	33.0000000 %	33.0000000 %
	Capital	33.0000000 %	33.0000000 %

Part 3 - All Partners/Shareholders—Montana Adjustments

A Federal Schedule K-1 income (loss) minus deductions	A.	87,435	Information only; see instructions.
B Montana additions to income			
1. Federally tax-exempt interest	B1.		
2. Taxes based on income or profits	B2.		
3. Other additions. List type _____ and amount	B3.		
C Montana subtractions from income			
1. Interest from U.S. Treasury obligations	C1.		
2. Deduction for purchasing recycled material	C2.		
3. Other subtractions. List type _____ and amount	C3.		
D Multistate pass-through entities			
1. Apportioned income. Income apportioned to Montana	D1.		Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount	D2.		Information only; see instructions
E Total income taxable to partner/shareholder	E.		Information only; see instructions

Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage	1.	33 %	Information only; see instructions
2. Ordinary business income (loss)	2.	57,138	
3. Net rental real estate income (loss)	3.	27,598	
4. Other net rental income (loss)	4.	359	
5. Guaranteed payments	5.	215	
6. Interest income	6.	2,125	
7. Ordinary dividends	7.		
8. Royalties	8.		
9. Net short-term capital gain (loss)	9.		
10. Net long-term capital gain (loss)	10.		
11. Net section 1231 gain (loss)	11.		
12. Other income (loss). List type _____ and amount	12.		
13. Montana composite income tax paid on behalf of partner/shareholder	13.		
14. Montana income tax withheld on behalf of partner/shareholder	14.		

Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses	1.	
2. Film Production Credit expenses	2.	
3. Mineral royalties tax withholding	3.	
4. Other information. List type _____ and amount	4.	

Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN	1.	
2. Health insurance for uninsured Montanans credit (Form HI)	2.	
3. Contractor's gross receipts tax credit	3.	
4. Other credit/recapture information. List type _____ and amount	4.	

Form 1065 Department of the Treasury Internal Revenue Service	U.S. Return of Partnership Income For calendar year 2009, or tax year beginning _____, 2009, ending _____, 20_____. ▶ See separate instructions.	OMB No. 1545-0099 <div style="font-size: 2em; font-weight: bold;">2009</div>
A Principal business activity Retail B Principal product or service Real Estate C Business code number 531190	<div style="border: 1px solid black; padding: 2px;"> Use the IRS label. Otherwise, print or type. </div> Name of partnership Deady Family Limited Partnership Number, street, and room or suite no. If a P.O. box, see the instructions. 1046 East Broadway City or town, state, and ZIP code Helena, MT 59601	D Employer identification number E Date business started 01/01/2004 F Total assets (see the instructions) \$ 1,598,562

- G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)
- H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____
- J** Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		
	b	Less returns and allowances	1b		1c
	2	Cost of goods sold (Schedule A, line 8)			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	Total income (loss). Combine lines 3 through 7			8
Deductions <small>(see the instructions for limitations)</small>	9	Salaries and wages (other than to partners) (less employment credits)			9
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11
	12	Bad debts			12
	13	Rent			13
	14	Taxes and licenses			14
	15	Interest			15
	16a	Depreciation (if required, attach Form 4562)	16a		
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18
	19	Employee benefit programs			19
	20	Other deductions (attach statement)			20
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20.			21
22	Ordinary business income (loss). Subtract line 21 from line 8			22	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			
	Signature of general partner or limited liability company member manager	Date	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code		EIN ▶ _____ Phone no. _____	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11390Z

Form **1065** (2009)

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	1		
2	Purchases less cost of items withdrawn for personal use	2		
3	Cost of labor	3		
4	Additional section 263A costs (attach statement)	4		
5	Other costs (attach statement)	5		
6	Total. Add lines 1 through 5	6		
7	Inventory at end of year	7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8		

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost as described in Regulations section 1.471-3

(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (specify method used and attach explanation) ▶

b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) . . . ▶ ☐

c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . ▶ ☐

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? . . . ☐ Yes ☐ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? . . ☐ Yes ☐ No

If "Yes," attach explanation.

Schedule B Other Information

1	What type of entity is filing this return? Check the applicable box:	Yes	No
a	<input type="checkbox"/> Domestic general partnership		
b	<input type="checkbox"/> Domestic limited partnership		
c	<input type="checkbox"/> Domestic limited liability company		
d	<input type="checkbox"/> Domestic limited liability partnership		
e	<input type="checkbox"/> Foreign partnership		
f	<input type="checkbox"/> Other ▶		
2	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		✓
3	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		✓
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	✓	
4	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		✓

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		✓
---	---	--	---

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		<input checked="" type="checkbox"/>
6 Does the partnership satisfy all four of the following conditions?		
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3	<input checked="" type="checkbox"/>	
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		<input checked="" type="checkbox"/>
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		<input checked="" type="checkbox"/>
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		<input checked="" type="checkbox"/>
10 At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		<input checked="" type="checkbox"/>
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<input checked="" type="checkbox"/>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election?		<input checked="" type="checkbox"/>
See instructions for details regarding a section 754 election.		
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<input checked="" type="checkbox"/>
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		<input checked="" type="checkbox"/>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) ▶ <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<input checked="" type="checkbox"/>
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		<input checked="" type="checkbox"/>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	Identifying number of TMP ▶
If the TMP is an entity, name of TMP representative ▶	Phone number of TMP ▶
Address of designated TMP ▶	

Schedule K Partners' Distributions Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	173,145
	2 Net rental real estate income (loss) (attach Form 8825)	2	83,631
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Guaranteed payments 4		12,000
	5 Interest income 5		1,089
	6 Dividends: a Ordinary dividends 6a		650
	b Qualified dividends 6b		
	7 Royalties 7		
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) 8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) 9a		6,440	
b Collectibles (28%) gain (loss) 9b			
c Unrecaptured section 1250 gain (attach statement) 9c			
10 Net section 1231 gain (loss) (attach Form 4797) 10			
11 Other income (loss) (see instructions) Type ▶ 11			
Deductions	12 Section 179 deduction (attach Form 4562) 12		
	13a Contributions 13a		
	b Investment interest expense 13b		
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶ 13c(2)		
d Other deductions (see instructions) Type ▶ 13d			
Self-Employment	14a Net earnings (loss) from self-employment 14a		12,424
	b Gross farming or fishing income 14b		
	c Gross nonfarm income 14c		
Credits	15a Low-income housing credit (section 42(j)(5)) 15a		
	b Low-income housing credit (other) 15b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) 15c		
	d Other rental real estate credits (see instructions) Type ▶ 15d		
	e Other rental credits (see instructions) Type ▶ 15e		
	f Other credits (see instructions) Type ▶ 15f		
Foreign Transactions	16a Name of country or U.S. possession ▶ 16a		
	b Gross income from all sources 16b		
	c Gross income sourced at partner level 16c		
	<i>Foreign gross income sourced at partnership level</i>		
	d Passive category ▶ e General category ▶ f Other ▶ 16f		
	<i>Deductions allocated and apportioned at partner level</i>		
	g Interest expense ▶ h Other ▶ 16h		
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>		
	i Passive category ▶ j General category ▶ k Other ▶ 16k		
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> 16l		
m Reduction in taxes available for credit (attach statement) 16m			
n Other foreign tax information (attach statement) 16n			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment 17a		
	b Adjusted gain or loss 17b		
	c Depletion (other than oil and gas) 17c		
	d Oil, gas, and geothermal properties—gross income 17d		
	e Oil, gas, and geothermal properties—deductions 17e		
	f Other AMT items (attach statement) 17f		
Other Information	18a Tax-exempt interest income 18a		
	b Other tax-exempt income 18b		
	c Nondeductible expenses 18c		23,902
	19a Distributions of cash and marketable securities 19a		138,000
	b Distributions of other property 19b		
	20a Investment income 20a		1,739
b Investment expenses 20b			
c Other items and amounts (attach statement) 20c			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners		14,652					
b Limited partners			262,303				

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			18,430		134,685
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7 Mortgage and real estate loans					
8 Other investments (attach statement)			40,549		47,517
9a Buildings and other depreciable assets		1,517,131		1,517,131	
b Less accumulated depreciation		1,093,372	423,759	1,162,238	354,893
10a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)			510,000		510,000
12a Intangible assets (amortizable only)					
b Less accumulated amortization					
13 Other assets (attach statement)			499,211		551,467
14 Total assets			1,491,949		1,598,562
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)			21,500		21,500
18 All nonrecourse loans					
19 Mortgages, notes, bonds payable in 1 year or more			410,606		357,166
20 Other liabilities (attach statement)					
21 Partners' capital accounts			1,059,843		1,219,896
22 Total liabilities and capital			1,491,949		1,598,562

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	241,053	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	12,000	7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	276,955
	23,902		
5 Add lines 1 through 4	276,955		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	1,059,843	6 Distributions: a Cash	138,000
2 Capital contributed: a Cash	57,000	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	241,053		
4 Other increases (itemize):		8 Add lines 6 and 7	138,000
		9 Balance at end of year. Subtract line 8 from line 5	1,219,896
5 Add lines 1 through 4	1,357,896		

SCHEDULE D
(Form 1065)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

▶ Attach to Form 1065. ▶ See separate instructions.

▶ Use Schedule D-1 to list additional transactions for lines 1 and 7.

OMB No. 1545-0099

2009

Name of partnership

Employer identification number

Deady Family Limited Partnership

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2	Enter short-term capital gain or (loss), if any, from Schedule D-1, line 2				2
3	Short-term capital gain from installment sales from Form 6252, line 26 or 37				3
4	Short-term capital gain (loss) from like-kind exchanges from Form 8824				4
5	Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts				5
6	Net short-term capital gain or (loss). Combine lines 1 through 5 in column (f). Enter here and on Form 1065, Schedule K, line 8 or 11				6

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7 1,000 Shares Stock	01/01/05	12/31/09	37,148	30,708	6,440
8	Enter long-term gain or (loss), if any, from Schedule D-1, line 8				8
9	Long-term capital gain from installment sales from Form 6252, line 26 or 37				9
10	Long-term capital gain (loss) from like-kind exchanges from Form 8824				10
11	Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts				11
12	Capital gain distributions				12
13	Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on Form 1065, Schedule K, line 9a or 11				13 6,440

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2009

For calendar year 2009, or tax
year beginning _____, 2009
ending _____, 20____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number _____

B Partnership's name, address, city, state, and ZIP code

Deady Family Partnership
1046 East Broadway
Helena, Montana 59601

C IRS Center where partnership filed return
Ogden, Utah

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number _____

F Partner's name, address, city, state, and ZIP code

Connie Deady
1046 East Broadway
Helena, Montana 59601

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I What type of entity is this partner? Individual

J Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending	
Profit	1.0000000	%	1.0000000	%
Loss	1.0000000	%	1.0000000	%
Capital	0.8888888	%	0.8888888	%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	357,166

L Partner's capital account analysis:

Beginning capital account	\$	4,762
Capital contributed during the year	\$	12,000
Current year increase (decrease)	\$	2,414
Withdrawals & distributions	\$ (6,000)
Ending capital account	\$	13,176

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	C 238
12 Section 179 deduction	
13 Other deductions	19 Distributions
	A 6,000
	20 Other information
	A 17
14 Self-employment earnings (loss)	
A 12,424	

*See attached statement for additional information.

For IRS Use Only

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2009

For calendar year 2009, or tax
year beginning _____, 2009
ending _____, 20____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number _____

B Partnership's name, address, city, state, and ZIP code
Deady Family Partnership
1046 East Broadway
Helena, Montana 59601

C IRS Center where partnership filed return
Ogden, Utah

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number _____

F Partner's name, address, city, state, and ZIP code
Walter Deady
1046 East Broadway
Helena, Montana 59601

G ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I What type of entity is this partner? **Individual**

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	33.0000000 %	33.0000000 %
Loss	33.0000000 %	33.0000000 %
Capital	33.0000004 %	33.0000004 %

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ 357,166

L Partner's capital account analysis:

Beginning capital account	\$ 341,693
Capital contributed during the year	\$ 45,000
Current year increase (decrease)	\$ 79,547
Withdrawals & distributions	\$ (64,000)
Ending capital account	\$ 402,240

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☐ No
If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	C
	7,888
12 Section 179 deduction	19 Distributions
13 Other deductions	A
	64,000
14 Self-employment earnings (loss)	20 Other information
	A
	574

For IRS Use Only

*See attached statement for additional information.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2009**For calendar year 2009, or tax
year beginning _____, 2009
ending _____, 20____**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number**B** Partnership's name, address, city, state, and ZIP code**Deady Family Partnership**
1046 East Broadway
Helena, Montana 59601**C** IRS Center where partnership filed return
Ogden, Utah**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number**F** Partner's name, address, city, state, and ZIP code**Sharla Deady**
13300 125th Avenue NE
Kirkland, Washington 98034**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I** What type of entity is this partner? **Individual****J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	33.0000000 %	33.0000000 %
Loss	33.0000000 %	33.0000000 %
Capital	33.0000004 %	33.0000004 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	356,694
Capital contributed during the year	\$	
Current year increase (decrease)	\$	79,546
Withdrawals & distributions	\$	(34,000)
Ending capital account	\$	402,240

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)
M Did the partner contribute property with a built-in gain or loss?☐ Yes ☐ No

If "Yes", attach statement (see instructions)

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	C
	7,888
12 Section 179 deduction	19 Distributions
13 Other deductions	A
	34,000
	20 Other information
	A
	574
14 Self-employment earnings (loss)	

*See attached statement for additional information.

For IRS Use Only

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2009

For calendar year 2009, or tax
year beginning _____, 2009
ending _____, 20____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

Deady Family Partnership
1046 East Broadway
Helena, Montana 59601

C IRS Center where partnership filed return
Ogden, Utah

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

F Partner's name, address, city, state, and ZIP code

Jeffrey Deady
1053 Rickenbacker Street
San Jose, California 95128

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I What type of entity is this partner? **Individual**

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	33.0000000 %	33.0000000 %
Loss	33.0000000 %	33.0000000 %
Capital	33.0000004 %	33.0000004 %

K Partner's share of liabilities at year end:

Nonrecourse \$ _____
Qualified nonrecourse financing \$ _____
Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account	\$ 356,694
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ 79,546
Withdrawals & distributions	\$ (34,000)
Ending capital account	\$ 402,240

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	57,138	15 Credits
2 Net rental real estate income (loss)	27,598	
3 Other net rental income (loss)		16 Foreign transactions
4 Guaranteed payments		
5 Interest income	359	
6a Ordinary dividends	215	
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)	2,125	17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)		
9c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		18 Tax-exempt income and nondeductible expenses
11 Other income (loss)		C 7,888
12 Section 179 deduction		19 Distributions
13 Other deductions		A 34,000
		20 Other information
		A 574
14 Self-employment earnings (loss)		

*See attached statement for additional information.

For IRS Use Only